

STATE OF MONTANA

DISCLAIMER

BOARD OF PSYCHOLOGISTS

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Receipt of the above disclaimer admitted and acknowledged this

_____ day of _____, 20____.

BY _____

(Signature)

Name of Agency

Address

(Street/PO Box)

(City)

(State)

(Zip)

Base Charge: \$20.00

Make check payable to: Board of Psychologists Address: 301 S
PARK 4TH FLOOR PO BOX 200513
Helena MT 59620-0513

_____ Labels - \$20.00 per listing _____ Zip Code order

_____ List (8-1/2 x 11) \$20.00